

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
17	1					
18		1				
19	1					
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22						
23						
24						
25						
26	1					
27		1				
28						
29						
30						
31						
32		5				
33		5				
34		5				
35		5				
36		5				
37		5				
38	1					
39						
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47						
48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	1					
52						
53						
54						
55						
56						
57						
58	1					
59						
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96						
97						
98						
99						
100						
TOTAL IND.	9 ↓		↓		↓	
TOTAL DEP.	78 ←		←		←	
TOTAL CLAIMS	87					

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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	IND	DEP	IND	DEP	IND	DEP
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52						
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99						
100						
TOTAL IND.	9					
TOTAL DEP.	78					
TOTAL CLAIMS	87					